



## State of Maryland

### Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor –, Joshua M. Sharfstein, M.D., Secretary, DHMH

## MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

### Minutes

February 15, 2011

**Maryland Advisory Council Members:** M. Sue Diehl, Chair; Mike Finkle, Livia Pazourek, Charles Reifsnider, Anita Solomon

**Maryland Advisory Council Members Absent:** Bob Pender, Vice-Chair; Richard Blair, Jaimi L. Brown, Michele Forzley, Joshana Goga, Edwin C. Oliver, Anthony Swetz, Jr., Garth Thompson, Robert Turner, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

**PL 102-321 Council Members Present:** Sarah Burns, Coordinator; Carol Allenza, Herb Cromwell, Catherine Drake, Vira Froehlinger, A. Scott Gibson, Gerri Gray, Julie Jerscheid, Cindy Kauffman, Sharon Lipford, Coordinator; George Lipman, Cindy Rafferty, Sarah Rhine, Kathleen Ward

**PL 102-321 Council Members Absent:** Lynn Albizo, Terry Bohrer, Tracee Bryant, Peter Cohen, Kate Farinholt, Diane Herr, Michael Lang, Dan Martin, Cynthia Petion, Linda Raines, Sheryl Sparer, Jane Walker, Della Williams

**MHA Staff Present:** Brian Hepburn, Robin Poponne, Tom Merrick, Carole Frank, Iris Reeves Jim Chambers, Clarissa Netter

**Guests and Others:** Renata Henry, Maryland Department of Health and Mental Hygiene; Mary Mastrandrea, ValueOptions; Jackie Pettis, ValueOptions; Patricia Bayless, Dennis McDowell, John Scharf, Tom Vennerbeck, Patricia Gibson, Chicquita Crawford

---

c/o Mental Hygiene Administration

Spring Grove Hospital Center – 55 Wade Avenue – Dix Building – Catonsville MD 21228 – (410) 402-8473

TDD for Disabled – Maryland Relay Service (800) 735-2258

**Healthy People in Healthy Communities**

The meeting was called to order with a presentation by Deputy Secretary Henry, followed by The Director's Report.

**DHMH Deputy Secretary, Behavioral Health and Disabilities, – Renata Henry:**

Deputy Secretary Henry began by commending the Joint Council for its leadership, guidance and advocacy. She also thanked the Council for the presentation of testimony during the two legislative budget hearings. Deputy Secretary Henry commented on the leadership strengths of Joshua Scharfstein, M.D., the new Secretary of the Department of Health and Mental Hygiene. He brings a wealth of experience as a result of his former roles as Baltimore City Health Commissioner and Deputy Principal Assistant with the Federal Drug Administration (FDA). He is a true visionary for the agency focusing on a whole health perspective, reduction of the misuse of drugs in the child and adolescent population, prevention, early intervention, and data. His youth and enthusiasm offers a refreshing pace for the Department.

Deputy Secretary Henry expounded on the 10 key efforts that MHA, ADAA, and DDA will focus on together:

- Public-Private partnerships
- Affordable Care Act
- Health Information Technology
- Strengthen services for most vulnerable
- Eliminate health disparities
- Public health partnerships
- Effective local health planning
- Access to effective substance abuse and mental health treatment
- Monitoring of publicly-funded programs
- Support other important public goals such as enhanced school performance and reduction of violence

Deputy Secretary Henry also highlighted final recommendations of the HealthCare Reform Coordinating Council.

Please see **Attachment #1**.

**THE DIRECTOR'S REPORT:**

Brian Hepburn, M.D., Executive Director of MHA, delivered the following report:

- Budget Issues:
  - The legislative analyst began reviewing the 2012 budget in January. Simon Powell, the analyst for more than 12 years is looking into areas of growth, efficiency, changes in Medicaid, etc. After his analysis is complete, MHA will have an opportunity to respond. The 2013 budget is still being shaped. It is expected that MHA will work with the Department of Budget Management (DBM) on some items through the summer.
  - MHA thanks the individuals and organizations that offered testimonies on behalf of the budget on February 10 (Senate hearing) and February 14 (House hearing) More than 20 testimonies were offered on behalf of MHA. There were many factors to consider such as the continued trend in growth of the number of consumers served by the PMHS which has reached more than 120,000 in FY 2010 and changes in Medicaid which have resulted in increases in the need for inpatient services. Federal initiatives such as the Residential Treatment Centers (RTC) Waiver have been implemented leading to an increase in the needs of community mental health services. The cost of residential services for children and adolescents has decreased from \$64 million in 2006 to \$57 million in 2010. Over the last few years, there has been a decrease in the number of individuals who are uninsured and, since FY 2006, there has been minimal change in the average cost per consumer.
  - Over the years, hospital occupancy has dropped from 4,400 to close to 1,000 beds. MHA will conduct an analysis of bed needs and capital needs as well since the facilities which house MHA's state hospitals are aging. MHA will solicit the advice of experts and advocates starting this year since it is estimated that it takes 10 years to plan a new facility.
  - Recommended budget actions by the analyst include: 1) reduction of the bed capacity of the Regional Institutes for Children and Adolescents (RICAs); 2) reductions in the funding of services specific to veterans; 3) a change in some chaplain positions from full-time state service to contractual; 4) Adjustments in the reimbursement rate received by community providers; 5) Telemedicine becoming a MA reimbursable service and; 6) requirement that a study of state hospitals be conducted resulting in a report projecting service delivery needs 20 years into the future.
- ValueOptions, the administrative services organization of the PMHS, has continued to improve operations in the areas of claims reimbursement and will be fully operational for the Outcomes Measurement System in the next few months.

- State Hospitals also seem to be managing within their budget allocations. It is expected that the 2012 appropriation and the expected expenditures could be a good match. However, there will be no funding to cover the deficiencies of 2009-10. Hospital admissions have decreased as acute care services in the community have increased. The individuals and Detention center admissions continue to be significant and individuals who are court-ordered continue to compose a greater portion of state hospital admissions. Concerns have been raised that, since over the recent years, the forensic population in state hospitals has increased to approximately 75% of the inpatient population, safety issues for staff and patients have become more salient?? However, data does not support an increase in the number or the severity of injuries in these settings. Demands for assisted living services have increased as well.
- Dr. Hepburn discussed updates regarding Baltimore Behavioral Health, Inc. (BBH). As a result of this case, future providers of co-occurring services will have increased scrutiny. It is hoped that enhanced data collection (real-time) and equity of rates between mental health and co-occurring services will help to improve the integration of these two systems of services without the abuse of one system. BBH often serves individuals who are homeless, uninsured, have a high rate of substance abuse issues, and who have usually exhausted most, if not all, of their social resources. While DHMH continues to make efforts to enhance methods of oversight, providers will continue to be treated with respect and not severely scrutinized as if suspected of fraudulent or criminal without reason to do so.
- Dr. Hepburn commented on the Affordable Care Act (HealthCare Reform) passed by Congress in 2010. Provisions of this law are to be phased in from May 2010 to the end of the decade with most major changes taking effect in 2014. The bill calls for establishment of Health Homes to assist with system navigation. There is an emphasis on behavioral health, evidence-based practices, and advancement of technology resources.

#### **INTRODUCTIONS/ADOPTION OF MINUTES:**

The meeting was called to order by Planning Council Co-Coordinator, Sarah Burns. Attendees introduced themselves and the minutes of the December 21, 2010 meeting were approved. Please note that approved minutes will be posted on MHA's Web site, [www.dhmd.state.md.us/mha](http://www.dhmd.state.md.us/mha). The Maryland Advisory Council on Mental Hygiene's link is listed under "Resources".

## **ANNOUNCEMENTS:**

- Congratulations were extended to Dennis McDowell who has retired from the Mental Hygiene Administration as of January 31, 2011 as part of the Governor's Voluntary Separation Program. Mr. McDowell has been with MHA's Office of Planning, Evaluation, and Training and a part of the staffing team for the Joint Council for the last 15 years. He is visiting today as a private citizen.
- Robin Poponne announced a "hold the date" for the meeting in which stakeholders will participate in the development of the PMHS State Mental Health Plan. The meeting will be held on April 29<sup>th</sup> at Temple Oheb Shalom in Baltimore. More information will soon be forthcoming.
- Iris Reeves, MHA Multi-Cultural Coordinator, asked members to hold the date for the MHA Annual Conference on May 4<sup>th</sup> at Martin's West in Baltimore. More information will follow in the coming months.
- Cindy Rafferty, the Council representative from the Department of Housing and Community Development, announced that her duties were changing and that she could no longer attend Council meetings. The Council thanked her for her commitment and wished her well.
- The Planning Committee is scheduled to convene today, after the Council meeting, at 10:45 to discuss the upcoming State Mental Health Plan Development.

## **COUNCIL BUSINESS:**

The Council thanked members Bob Pender and Anita Solomon for representing the Joint Council at the MHA Budget Hearings this year. Bob Pender presented before the Senate Subcommittee on Health, Education, and Human Resources on February 10 and Anita Solomon presented before the House Subcommittee on Health and Human Resources on February 14. (Please see **Attachment # 2**).

A brief legislative review was held. CBH and MHAM provided lists of action on important proposed legislation. Some discussion focused on the Lorraine Sheehan Health and Community Services Act to raise state tax on alcoholic beverages, SB 562 which requires certification of recovery homes serving 3 or more persons, SB 567 which requires specific language in guidelines for providing mental health treatment to individuals with co-occurring disorders, and SB 556 which requires staff of psychiatric facilities to be trained in trauma-informed care. The highlights will be discussed more in-depth at the next meeting in March.

For further details, please see the Community Behavioral Health Association of Maryland (CBH) legislative listing, **Attachment #3**, or visit CBH's Web site, [www.mdcbh.org](http://www.mdcbh.org). Additional listings and information are available through NAMI's Web site, [www.NAMI.org](http://www.NAMI.org) (click on advocacy and bills), through the Mental Health Association of Maryland's Web site, <http://www.mhamd.com>.

The meeting was adjourned.

ENCLOSURES:

**Approved Minutes of February 15, 2011**

- **Attachment #1 – The Legislative Updates from the Community Behavioral Health Association of Maryland (CBH)**

**Monthly meetings of the Joint Council are held on the third Tuesday of every month in the HAT room of the Tuerk Building at the Spring Grove Hospital Center.**

**Please note, the Agenda for the April 19<sup>th</sup> Council meeting will be posted on the Advisory's Council's web page, under the resources section, on MHA's Web site [www.dhmmh.state.md.us/mha](http://www.dhmmh.state.md.us/mha).**